(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OM8 Control No. 3060-1185
The contract of the contract o	Page 7 of 8

<010>	Study Area Code	268015
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my respon best of my knowledge, the information reported on this form a	sibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

(102) Certification - Agent / Carrier FCC Form 690 Approved by OMB OMB Control No.	2000 4 200 000 000 000 000 000 000 000 0
Page 8 of 8	

<010>	Study Area Code	268015
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz is authorized to submit the information reported on behalf of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.							
Name of Authorized Agent: Todd Slamowitz							
Name of Reporting Carrier: East Kentucky Network, LLC							
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 07/18/2014						
Printed name of Authorized Officer: Michael Huffman							
Title or position of Authorized Officer: Financial Operations Director							
Telephone number of Authorized Officer: 6068747550 ext.164							
Study Area Code of Reporting Carrier: 268015	Filing Due Date for this form: 07/31/2014						

Certification of Agent Authorized to File Ann		
, as agent for the reporting carrier, certify that I am authorized to submit th reported herein based on data provided by the reporting carrier; and, to the		
Name of Reporting Carrier: East Kentucky Network, LLC		-1072 - 2072 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 - 2072 -
Name of Authorized Agent or Employee of Agent: Todd Slamowitz		
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLI	INE	Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent: Todd Slamow	itz	
Title or position of Authorized Agent or Employee of Agent FCC Legal Co	ounsel	
Telephone number of Authorized Agent or Employee of Agent: 703584867	78 ext.	
Study Area Code of Reporting Carrier: 268015	Filing Due Date for this form:	07/31/2014

Attachments

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(060) Coverage and Performance Report	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	ACCORDING TO THE SHARE THE PARTY OF THE

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<010>	Study Area Code	268015
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

(a) (a) (b) (b) (d) (c) (c) (d) (d) (e) (h <141> Certify that Certify that Certify that Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** Scattered Site Resident Population Population Road Miles per Census Miles Shapefiles are Results are Tests are uploaded uploaded Population per **Newly Reached** Reached by per Census Block Newly covered per uploaded Census Block Census Block by Service Service Block Reached (yes/no) County Census Block (yes/no) (yes/no) State 0000 KY 0 0.0 0.0 0.0 Yes

Percentage of Total
Percentage of Total
Road Miles covered
by Service

Percentage of Total
Road Miles covered
by Service

East Kentucky Network, LLC

· : : : .

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

In its FCC Form 680, Filer explained that in order to provide advanced wireless broadband service, Filer is using the proceeds from auction 901 to expand its footprint with new cell sites, and supplementing its existing network footprint with 3G service. Specifically, utilizing the 850 MHz, 1900 MHz, along with the 700 MHz spectrum band, Filer intends to provide high speed, broadband data services over 3G. Further, installation of new cell sites and the overlay of 3G will enable Filer to meet its public interest obligations to provide rural Kentucky citizens with access to advanced telecommunications and information technologies that are reasonably comparable to those available in urban areas.

As of this date Filer had completed its network design, and has substantially completed construction of its network, and its expenditures to date disclosed in the Form 690 herein includes network design, construction, and maintenance. Filer anticipates that it will deploy the network in the areas associated with this study code by no later than the construction deadline of July 18, 2015.

Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

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East Kentucky Network, LLC. has not yet deployed its network with respect to the SAC associated with this filing. Further, it has not undertaken any drive tests during the reporting period.

1,400,000,000	Fund - §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268016	
<015>	Study Area Name	East Kentucky Network, LLC	ACCEPTED/FILED
<020>	Program Year	2014	JUL 23 2014
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	Federal Communications Commission
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file		(check box when complete) (040>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
	<043> Cite the date of the Form 481 reporting		<043>
<050>	Carrier Contact Information (has the contact info. cha	nged since prior filing? Yes or No) (If yes, complete the attached worksheet)	<050>
		(i) yes, complete the attached worksheet)	
<060>	Coverage and Performance Report	(complete attached worksheet)	<060> 🗸
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070> 🗸
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	$\circ \bullet$
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>		lete attached certification) lete attached certification)	<101> <102> ✓

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form		FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code	268016	
<015>	Study Area Name	East Kentucky Network, LLC	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identified in data line <03		
<039>	Contact Email Address - Email Address of person identified in data line <03	30> tslamowitz@fcclaw.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder		
<110>	FCC Registration Number		
<111>	Filing Carrier Name		
<112>	Winning Bidder Carrier Name		
<113>	Street Address (or PO Box)		
<114>	City		
<115>	State		
<116>	Zip-Code		
<117>	Telephone Number		
<118>	Fax Number		
<119>	Email Address		
<120> <121> <122> <123> <124> <125> <126> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address		
Authorize	d Agent Information if no agent, indicate in this box		
<120>	Name (First, MI, Last, Suffix)		
<121>	Company		
<122>	Street Address (or PO Box)		
<123>	City		
<124>	State		
<125>	Zip-Code		
<126>	Telephone Number		
<127>	Fax Number		
<128>	Email Address		

(060) Cov	erage and	Performance	Report								FCC Form Ap proved OMB Cont Page 3 of	by OMI	B 3060-1185
<010>	Study Are	ea Code					268016						
<015>	Study Are						Bast Ke	entucky N	etwork, L	LC .			
<020>	Program						2014						
<030>			USAC should	contact regarding	this data		Todd Si	lamowitz					
<035>	Contact T	elephone Nu	mber - Numbe	r of person ident	ified in data lin	ie <030>	7035848	8678 ext.					
<039>	Contact E	mail Address	- Email Addres	s of person ident	ified in data li	ne <030>	tslamov	witz@fccl	aw.com				
<140>	Coverage	and Perform	ance Report Ye	ear 01/2013	- 12/2013	,							
			nic Shapefiles a			nstruction		9000 199 00 0					
		Drive 1	Test Results att	tachments									
					Nan	ne of Attach	ed Docum	nent (.zip)					
		Scatter	red Site Test Re	sults attachment		ne of Attach	ed Docum	nent (.zip)			410		
	W. J. S. W.		1 4 2 4 3			548119392	(400)			ANN AND SHAPE		1000000	AND A SHARE
<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<u> </u>	b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>	<e>></e>	
	State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reach by Service	Popula ed Reache Service	ed by	per Census Block	Road Miles per Census Block Newly Reached		Certify that Electron ic Shapefil es are uploade d (yes/no)	Result s are upload ed (yes/n	Certify that Scattered Site Tests are uploaded (yes/no)
									111111111111111111111111111111111111111		2		
				ļ									
			age of Total	0				of Total	0				

Service

by Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185 Page 4 of 8

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

	32782
I certify that I am an officer or employee of the reporting car form and in any attachments is accurate.	rier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsi	ibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data provided to the	authorized agent is accurate.
Name of Authorized Agent: Todd Slamowitz	
Name of Reporting Carrier: East Kentucky Network, LLC	
Signature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Officer or Employee: Michael Huffman	
Title or position of Authorized Officer or Employee: Financial Operations Director	
Telephone number of Authorized Officer or Employee: 6068747550 ext.164	
Study Area Code of Reporting Carrier: 268016 Filing Du	ue Date for this form: 07/31/2014

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.	1003(9)	a)(4) on Benair of Reporting Carrier
, as agent for the reporting carrier, certify that I am authori	zed to submit the certification on behalf of th	e reporti	rting carrier; I have provided the data reported herein base
data provided by the reporting carrier; and, to the best of m	y knowledge, the information reported herei	n is accur	urate.
Name of Reporting Carrier:	East Kentucky Network, LLC		
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz	-	
ignature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE		Date: 07/18/2014
rinted name of Authorized Agent or Employee of Agent:	Todd Slamowitz		23.00 to 10.00 to 10.
itle or position of Authorized Agent or Employee of Agent	FCC Legal Counsel		940
elephone number of Authorized Agent or Employee of Ager	t: 7035848678 ext.		* * *
tudy Area Code of Reporting Carrier: 268016	Filing Due Date for th	is form:	07/31/2014

(080) Triba	al Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Page 5 of 8
<010>	Study Area Code		268016	
<015>	Study Area Name		East Kentucky Networ	k, LLC
<020>	Program Year Contact Name - Person USAC should contact regarding t	hic data	2014	
<035>	Contact Telephone Number - Number of person identifi		Todd Slamowitz 030> 7035848678 ext.	-
<039>	Contact Email Address - Email Address of person identifi		The state of the s	
<142>	State			
-142	County			
<143>	County			
221				
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached	i Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,N	lo. NA) for		
	each of these boxes to confirm the status described on t			
	PDF, on line 145, demonstrates coordination with the T	ribal		
	government pursuant to § 54.1004 includes:			
			Select	
			(Yes,No, NA)	
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal		
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	5		
<154>	Compliance with Tribal Business and Licensing requirem	ents.		

(090) Project Update Information

FCC Form 690

Approved by OMB

OMB Control No. 3060-1185

Page 6 of 8

		Page 6 of 8
<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/18/2015
<202>	Total Mobility Fund Support Awarded	76560.0
<203>	Total Mobility Fund Support Disbursed	25520.0
<204>	Support Applied to Network Design	778.43
<205>	Support Applied to Construction	303433.12
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	9061.27
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	⊙ ○
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	○
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_KY.pdf
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	{Name of PDF attached}
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<u>'</u>
<214>	Status of Network Deployment - Deployment	<u>'</u>
<215> <216>	Status of Network Deployment - Maintenance	-
<215>	Project Budget Status Project Plan Status	
12117	Froject Flair Status	

[101] Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients		
I certify that I am an officer of the reporting carrier; my resp best of my knowledge, the information reported on this for	onsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the n and in any attachments is accurate.	
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form car	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for Mobility Fund Recipients on Behalf of Reporting Carrier I certify that (Name of Agent) Todd Slamowitz is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. Name of Authorized Agent: Todd Slamowitz Name of Reporting Carrier: East Kentucky Network, LLC CERTIFIED ONLINE Signature of Authorized Officer: Date: 07/18/2014 Printed name of Authorized Officer: Michael Huffman Title or position of Authorized Officer: Financial Operations Director Telephone number of Authorized Officer: 6068747550 ext.164 Study Area Code of Reporting Carrier: 268016 Filing Due Date for this form: 07/31/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

Certification of Agent Authorized to I	File Annual Reports for Mobility Fund F	Recipients on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authorized to s reported herein based on data provided by the reporting carrier; ar	아들이 그리고 있는 이렇게 하고 있는데 얼마나 그렇게 하고 있는데 하는데 어떻게 되었다.	ecipients on behalf of the reporting carrier; I have provided the data tion reported herein is accurate.
Name of Reporting Carrier: East Kentucky Network,	LLC	
Name of Authorized Agent or Employee of Agent: Todd Slam	owitz	
Signature of Authorized Agent or Employee of Agent: CERTIFI	ED ONLINE	Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent: Todd	Slamowitz	
Title or position of Authorized Agent or Employee of Agent FCC 1	Legal Counsel	
Telephone number of Authorized Agent or Employee of Agent: 70	35848678 ext.	
Study Area Code of Reporting Carrier: 268016	Filing Due Date for this form:	07/31/2014

Attachments

(060) Coverage and Performance Report	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185

<010>	Study Area Code	268016
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<140>	Coverage and Performance Report Year	01/2013 - 12/2013

(a) (a) (a) (b) (b) (b) (c) (c) (c) (d) (d) <141> Certify that Certify that Certify that Scattered Site Resident **Total Resident** Road Miles **Total Road** Electronic **Drive Test** per Census Block Newly Population Population Road Miles Miles Shapefiles are Results are Tests are per Census Block covered per Population per **Newly Reached** Reached by uploaded uploaded uploaded Census Block Census Block by Service Service Reached Census Block (yes/no) (yes/no) (yes/no) State County 0000 KY 0 0.0 0.0 0.0 Yes

> Percentage of Total Population Reached by Service

. . .

0

Percentage of Total Road Miles covered by Service

0

East Kentucky Network, LLC

Project Status Description

Pursuant to Section 54.1009(a)(6) of the Commission's rules, ¹ East Kentucky Network, LLC ("Filer") submits that there is no material updates to its project description, included the projected budget, associated with this Study Area Code that was provided by Filer in its FCC Form 680 filed in conjunction with its Auction 901 winning bids.

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Section 54.1009(a)(6) provides that a winning bidder shall include "Updates to the information provided in § 54.1005(b)(2)(v).

FCC Form 690 - Construction Status

East Kentucky Network, LLC. has not yet deployed its network with respect to the SAC associated with this filing. Further, it has not undertaken any drive tests during the reporting period.

REAR PROPERTY.	Fund §54.1009 Annual Reporting Jection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	268017	
<015>	Study Area Name	East Kentucky Network, LLC	ACCEPTED
<020>	Program Year	2014	ACCEPTED/FILED
<030>	Contact Name: Person USAC should contact with questions about this data	Todd Slamowitz	JUL 23 2014
<035>	Contact Telephone Number: Number of the person identified in data line <030>	7035848678 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	tslamowitz@fcclaw.com	
<040>	Has the information required pursuant to §54.1009 <041> Attach a description of the documents file <042> Cite the Study Area Code (SAC) for the Fo <043> Cite the date of the Form 481 reporting	ed with the Form 481 reporting	<041>
<050>		nged since prior filing? Yes or No) (If yes, complete the attached worksheet)	<050>
<060>	Coverage and Performance Report	(complete attached worksheet)	<060> 🗸
<070>	Urban Rate Comparability Certification	(complete attached certification)	<070>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	\circ
		(If yes, complete the attached worksheet)	<080>
<090>	Project Update Information	(complete attached worksheet)	<090>
<100>		lete attached certification)	<101>

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Can	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		268017	
<015>	Study Area Name		East Kentucky Network, LLC	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding	this data	Todd Slamowitz	
<035>	Contact Telephone Number - Number of person identif		7035848678 ext.	
<039>	Contact Email Address - Email Address of person identi	fied in data line <030>	tslamowitz@fcclaw.com	
Penorting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number			
<111>	Filing Carrier Name			
<112>	Winning Bidder Carrier Name			
<113>	Street Address (or PO Box)			
<114>	City			
<115>	State			
<116>	Zip-Code			
<117>	Telephone Number			
<118>	Fax Number			
<119>	Email Address			
<120> <121> <122> <123> <124> <125> <126> <127> <127> <128>	if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address			
Authorize	d Agent Information if no agent, indicate in this box			
<120>	Name (First, MI, Last, Suffix)			
<121>	Company			
<122>	Street Address (or PO Box)			
<123>	City			
<124>	State			
<125>	Zip-Code			
<126>	Telephone Number			
<127>	Fax Number			
<128>	Email Address			

(060) Cov	erage and	Performance	Report				W 10 1			FCC Form	by OMI	
										OMB Cont Page 3 of		3060-1185
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<010>	Study Are	ea Code				268017						
<015>	Study Area Name					East F	East Kentucky Network, LLC					
<020>	Program Year					2014	St 500 to 500 to 500					
<030>			C Secret Page	contact regarding	321 AV. 5 D. 5123		Todd Slamowitz					
<035>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>					-0301	7035848678 ext.					
<039>	Contact	mail Address	- Email Addres	s of person ident	ified in data line	<030> tslamo	witz@fccl	aw.com				
<140>	Coverage	and Perform	ance Report Ye	ear 01/2013	- 12/2013							
Construction Status.zip Electronic Shapefiles attachments Name of Attached Document (.zip)												
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					Name (of Attached Docui	nent (.zip)					
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	State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	(yes/no)	0)	(yes/no)
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			1	0				0				

Percentage of Total

Road Miles covered

by Service

Percentage of Total

Population Reached by

Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
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<010>	Study Area Code	268017
<015>	Study Area Name	Bast Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of C	Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)
I certify that I am an officer or employee of the reporting car form and in any attachments is accurate.	rier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent) Todd Slamowitz	is authorized to submit the information reported on behalf of the reporting
arrier. I also certify that I am an officer or employee of the reporting carrier; my respo	
uthorized agent; and, to the best of my knowledge, the reports and data provided to the	ne authorized agent is accurate.
ame of Authorized Agent: Todd Slamowitz	
ame of Reporting Carrier: East Kentucky Network, LLC	
ignature of Authorized Officer or Employee: CERTIFIED ONLINE	Date: 07/18/2014
rinted name of Authorized Officer or Employee: Michael Huffman	
itle or position of Authorized Officer or Employee: Financial Operations Director	
elephone number of Authorized Officer or Employee: 6068747550 ext.164	
tudy Area Code of Reporting Carrier: 268017 Filing	Due Date for this form: 07/31/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under Title 18 of the United St	

Certification of Agent Authoriz	ted to File Compliance with 47 CFR §54.1009(a	a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am author	ized to submit the certification on behalf of the repor	rting carrier; I have provided the data reported herein based on
data provided by the reporting carrier; and, to the best of n	ny knowledge, the information reported herein is acc	urate.
Name of Reporting Carrier:	East Kentucky Network, LLC	
Name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE	Date: 07/18/2014
Printed name of Authorized Agent or Employee of Agent:	Todd Slamowitz	
Title or position of Authorized Agent or Employee of Agent	FCC Legal Counsel	
Telephone number of Authorized Agent or Employee of Agen	nt: 7035848678 ext.	72
Study Area Code of Reporting Carrier: 268017	Filing Due Date for this form:	07/31/2014

(080) Triba	al Lands Reporting			FCC Form 690
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<010>	Study Area Code		268017	
<015>	Study Area Name		East Kentucky Network,	LLC
<020>	Program Year	this data	2014	
<030>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identifi		Todd Slamowitz 030> 7035848678 ext.	
<039>	Contact Email Address - Email Address of person identif			
<142>	State			
<143>	County			
	•			
<144>	Tribal Land(s) on which ETC Serves			
	2			
<145>	Tribal Government Engagement Obligation			
		Name of Attached	d Document (.pdf)	
	If your company serves Tribal lands, please select (Yes,N	No, NA) for		
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the T	ribal		
	government pursuant to § 54.1004 includes:			
			Select	
10200000			(Yes,No, NA)	
<146>	Needs assessment and deployment planning with a foc	us on Tribal		
202024	community anchor institutions;			
<147>	Feasibility and sustainability planning;		——	
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
<153>	Compliance with Cultural Preservation review processes	s		
<154>	Compliance with Tribal Business and Licensing requirem	nents.		

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	268017
<015>	Study Area Name	East Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com
<200>	Date Authorized to Receive Support	07/18/2013
<201>	Targeted Completion Date	07/18/2015
<202>	Total Mobility Fund Support Awarded	87616.0
<203>	Total Mobility Fund Support Disbursed	29205.33
<204>	Support Applied to Network Design	778.43
<205>	Support Applied to Construction	
<206>	Support Applied to Deployment	
<207>	Support Applied to Maintenance	
<208>	Certify Network will Support 3G Mobile Service (Yes / No)	O
<209>	Certify Network will Support 4G Mobile Service (Yes / No)	0 0
<210>	Actual Completion Date	
<211>	Project Status Description (attached)	EKN_PSD_ KY -2.pdf {Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.	(Name of Por attached)
<212>	Status of Network Deployment - Network Design	1
<213>	Status of Network Deployment - Construction	/
<214>	Status of Network Deployment - Deployment	7
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<u> </u>
<217>	Project Plan Status	

(101) Certification - Reporting Carrier	FCC Form 690
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<010>	Study Area Code	268017
<015>	Study Area Name	Bast Kentucky Network, LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Todd Slamowitz
<035>	Contact Telephone Number - Number of person identified in data line <030>	7035848678 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	tslamowitz@fcclaw.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for Mobility Fund Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Signature of Authorized Officer:	Date			
Printed name of Authorized Officer:				
Title or position of Authorized Officer:				
Telephone number of Authorized Officer:				
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			
Persons willfully making false statements on this form ca	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			